To the Editor of the Edinburgh Medical and Surgical Journal
With the Author's Compts.

A SHORT ACCOUNT

OF A CASE OF

DISEASE

OF THE

APPENDIX CÆCI,

CURED BY OPERATION,

WITH SUGGESTIONS AS TO THE PROPRIETY OF ADOPTING A SIMILAR METHOD OF PROCEEDING IN CERTAIN CASES OF PERITONITIS.

Read before the Medical Society of London,
MONDAY, SEPTEMBER 25TH, 1848.

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DISEASE

OF THE

APPENDIX CÆCI,

CURED BY OPERATION.

The following case of Disease of the *Appendix Cæci*, cured by *operation*, I am induced to submit to the consideration of this Society, as it appears to be of value, from its presenting a mode of treatment which might be advantageously pursued in certain stages and forms of mischief, resulting from the presence of impacted fæces, or foreign substances, either in the cæcum or its appendix, which have hitherto for the most part, if not invariably, proved fatal. Abscesses of the abdomen, connected with the cæcum, or large intestines, and attended with fluctuation, have from time to time been opened, but I am not acquainted with any instance in which an operation has been attempted under the circumstances detailed in the following case, and where the result has been so entirely satisfactory. In the cases recorded, the presence of fluctuation has proved the existence of matter, but the following detail will shew that we should not always wait for this unequivocal sign—patients do not always live until the disease has progressed thus far, they frequently sink and die without any further

symptoms than those of inflammation of the part; and it is to this class of cases that the treatment here related appears to me most applicable.

I was requested on Saturday, 15th April, 1848, to see a lady, æt. 30, in consultation with Dr. Chowne and Mr. Diamond. Of delicate constitution, having been a seven month twin—she, about twelve years since, received an injury to the spine whilst playing at cricket with her brothers, which confined her to her bed for about nine months. Eventually the only bad symptoms remaining were partial paralysis of the lower intestines, so that the bowels were never effectually relieved without the aid of an enema, and severe occasional attacks of pain, for which she took large doses of laudanum.

She married about five years after the receipt of the injury, and her pregnancies have always been attended throughout with violent sickness and ill health. In April, 1848, she was pregnant with her fifth child; the sickness had been most violent and distressing during the whole time—opium, hydrocyanic acid, and the usual remedies, failing to give her any relief. On the 3rd, after riding out for an hour, she felt an unusual dragging and pain in the right side, obliging her to keep her bed and take opiates. On the 7th she was suddenly seized with labour and delivered of a small male child, six or seven weeks before the full time, which only lived about twenty hours. The next day (the 8th), whilst turning in bed, she felt a severe pain in the groin, as she described, as of something having snapped asunder, and from that time she continued to suffer greatly in the whole inguinal region, but as the pulse continued about 90, and there was no particular tenderness on pressure, nothing was done but the administration of sedatives. On the 10th the pain was more acute, and a

slight hard swelling could distinctly be traced, high up in the inguinal region. Bowels had been slightly relieved by an enema; six leeches were applied over the spot, and subsequently warm fomentations, which were also applied over the labia; the lochia having ceased and the urine being very scanty.

She continued much the same until the 13th (a blister having been applied on the 11th), the cord-like swelling could now be felt more distinctly, and the tenderness extended over the whole abdomen. On the 14th Dr. Chowne first saw her in consultation. Her tongue was brown; pulse about 90; tenderness and pain the same; bowels not relieved by the usual enema; a dose of six grains of calomel was prescribed for her, to be followed by three grains every two hours until she had taken twelve grains; at the end of twelve hours the bowels were only slightly acted upon by enema. Fomentations continued, with saline and opiate mixture.

I first saw her on the 15th; she was then complaining of intense pain in the right inguinal region; could not bear any pressure on the part; the whole abdomen, which was tympanitic, was tender on pressure, but not sufficiently so to be very urgent. She had observed a swelling in this situation before her pregnancy, but previous to her confinement it had not caused her any uneasiness. From the slight examination which, on account of the soreness of the blister, I was enabled to make, I was disposed to suspect mischief about the cæcum, or its appendix, but as the symptoms were not very urgent it was agreed to continue the opiates, and apply poultices over the part until we met again on the 17th.

April 16th.—Not so well; pain more acute; more decided signs of peritonitis.

17th.—Much worse than when we last saw her. Her countenance anxious; nose pinched; pulse intermittent and running; sickness very troublesome; tongue brown in the centre; had obtained no sleep although thirty minims of the solution of bimeconate of morphia had been given every three hours; skin cold and clammy; complained of great pain, and fits of shivering which were most violent, and from their frequency had prevented her sleeping; bowels scarcely relieved by enema.

The blistered surface having healed up, a more decided examination could be made. The cord-like swelling, already alluded to, was more apparent, but too close to the spine of the ilium to be an inguinal hernia; there was also thickening and hardness extending outwards towards the ilium, where she complained most of pain. As she was evidently sinking, and the previous treatment had been of no avail, I proposed to make an incision from the spine of the ilium to the inner side of the internal abdominal ring over the hardened spot, so that if it were intestine or omentum it could be freed—or if, as we thought more probable, matter had collected in the right iliac fossa, it could be let out, and thus give our patient a chance of recovery. This having been agreed to by Dr. Chowne and Mr. Diamond, who attended the case with me throughout, the patient was put under the influence of chloroform, and an incision, about four inches long, made inwards from the spine of the ilium above Poupart's ligament, but as close to it as possible. Upon opening into the abdomen a quantity of excessively offensive turbid serum with fibrinous floeculi poured out, mixed with air globules and also patches of false membrane. She was directed to be turned on her side that the discharge might freely escape, a poultice to be applied and to take an opiate.

We again saw her at ten o'clock that evening; her abdomen was then very tympanitic and painful; pulse 120; skin, however, warmer than before the operation; the wound has discharged very freely, the fluid being most offensive.

To take morphia with carbonate of ammonia every four hours, and to have a starch enema, with five drachms of sedative liquor of opium.

18th.—Better; has passed a more quiet night; wound discharges freely a turbid serous fluid; bowels have been relieved by enema; tongue white; pulse 120; suffers from spasmodic twitchings of body; abdomen very tender, over the whole surface, and slightly swollen.

To continue the sedative draughts, each containing sixty minims of the solution of morphia, every three hours, with starch enema, with six drachms of solution of opium at night.

May 1st.—Has gone on favourably up to this date; the opiate enemata have been omitted, but the opiate draughts continued, with occasional small doses of calomel, which have greatly controlled the sickness. She has been allowed as much nourishment as she will take, but her appetite continues bad. She has also had wine, brandy, and bottled stout from time to time; the discharge being large in quantity, thin, watery, and very offensive; the abdomen has become soft, and painless on pressure. To-day she is not so well; suffering great pain about the wound, which is inflamed and the edges sloughy. Ordered warm fomentations to be applied continually over the whole surface of the abdomen.

2.—Her sleep has been much disturbed by acute pain around the wound; discharge thinner, greenish and very offensive. Upon carefully examining the wound, a small

round ball of fæeal matter, surrounded by ealeareous deposit was discovered, and upon further examination another portion, exeavated on one side, evidently forming a eup for the former pieee, as may be seen in the annexed engraving,—

and whieh from their size I should imagine had been impaeted in and escaped by ulceration from the appendix vermiformis. A large quantity of hard feeulant matter passed per anum after the enema.

To eontinue the nourishing diet, and as profuse perspirations have come on, to take disulphate of quinine, with sulphuric aeid and infusion of roses, with opiate at bedtime.

From this time she eontinued gradually to improve; the wound beeame cleaner, and the diseharge more healthy, thieker, and inodorous, until the 23rd, when the wound was entirely healed. Sinee the 2nd she had another attack of vomiting, but it was easily subdued by small doses of ealomel, and did not interfere with the healing proeess.

She left town for Brighton on the 25th.

Independent of the interest of the ease in itself, I am anxious to draw the attention of the Society to the treatment pursued, as I believe it to be new, and I trust that it will, by directing the attention of the Profession to the subjeet, be the means of saving many lives which might otherwise be lost.

The operations whieh have of late years been performed have tended greatly to remove the dread of opening the abdomen. Incisions have been made from time to time into the abdomen, for the relief of various diseases; the

abdomen has been opened sueeessfully by the large and small seetion, for the removal of ovarian tumours. Mr. Hilton has opened the abdomen upon two oeeasions for the relief of internal strangulation of the intestines, and nearly a eentury sinee, the elder Monro advised ineising the eolon in the lumbar region, where it is uninvested by peritoneum for the removal of intestinal eoneretions, a reeommendation which has of late years been earried into effect by Amussat in Franee—but I know of no instanee on record where the abdomen has been opened under the eireumstanees detailed above; for it should be borne in mind that in this ease there was neither redness, nor fluetuation, nor any external sign indieative of eireumseribed abseess of the part—the diseharge evidently eame from the eavity of the peritoneum, into whieh the opening was made.

It may be premature to argue from the result of one ease, but I trust that the time will eome when this plan will be sueeessfully employed in other cases of peritonitis, terminating in effusion, and which usually end fatally; those eases where in spite of the remedies employed the patient sinks and dies, and where, upon examination, a quantity of offensive turbid serous floeeulent effusion is found poured out into the abdominal eavity. We frequently meet with instanees of this disease, where, after the symptoms of inflammation have gone on for a eertain time, the patient suddenly sinks into a typhoid state and dies. Upon examination after death, there are evident signs of inflammation, but not to sueh a degree as to aeeount for death. It is true that all eonstitutions cannot resist disease to the same extent; but every one who has been in the habit of making post mortem examinations must have met with instanees in which the appreeiable signs of peritonitis, the extent to which inflammation has appa-

rently proeeeded, have not been sufficient satisfactorily to aeeount for the death of the patient; that eonsidered *per se* the post mortem appearanees have required further aid to have produeed the fatal result. I believe in these eases that it is not the violenee of the early symptoms, or the extent of alteration of strueture or disorganisation, whieh destroys life, but that the sudden prostration, the sinking and typhoid symptoms depend more upon the effusion, and the eharaeter of the effusion, whieh is thrown out into the eavity of the abdomen. It is a faet, eorroborative of this opinion, that patients very seldom, if ever, die during the aeute stage of the disease, but mostly in the stage of effusion. The fluid does not long remain the innoeuous fluid usually found in effusions of serous eavities, or even of ventral dropsy, but soon beeomes extremely aerid and offensive; and I believe it is from the presenee of this aerid, deeomposed, and offensive fluid, that death usually oeeurs. I have seen, after operation for strangulated hernia, symptoms of low eonstitutional disturbanee eome on, the abdomen tympanitie, eountenanee anxious, and wound looking angry, whilst the pulse and tongue have fully corroborated the other symptoms; in these, the patients have derived the greatest benefit from the dressings being removed, a poultiee or warm water dressing applied, and the effused fluid allowed to drain away from the abdomen. In eommon abseess by the side of the reetum, we know how mueh the eonstitution of the patient suffers whilst the seeretion remains pent up; how mueh greater must be the effeet upon the system, when the seeretion remains eonfined in the abdomen in eontaet with the vital organs, and the large absorbing surfaee of the peritoneum. In empyema, sueeeeding inflammation, we have no objeetion to open the ehest and give the patient relief; and why

should we not in a like manner endeavour to save our patients in peritonitis, where we see the ordinary remedies fail, and loss of life appears inevitable. In the excellent paper on strumous peritonitis, written by Sir Henry Marsh, and published in the 23rd volume of the *Dublin Journal*, the author lays considerable stress upon the character of the effusion, urging that "if thin and serous, the process of absorption is capable of effecting a complete cure"—and many of his cases bear him out in this view. He has also related other instances where the effusion was of a different character; and where a considerable quantity of thin dark coloured purulent matter, exhaling a most disagreeable fœtor, was found after death in the cavity of the abdomen; and in one in particular, a large quantity of this fluid (three pints) was contained in a cyst between the abdominal parietes and the anterior surface of the intestines. Might not the patient have been saved had the cyst been opened? It is true that Sir E. Marsh deprecates an operation in these affections, on account of the liability of adhesions; but his remarks apply to the employment of the trochar, rather than to the careful dissection with the scalpel. Nature has occasionally effected spontaneously what is here suggested to be done artificially. In the *Gazette Medicale* of the 23rd September, 1848, is the relation of a case copied from the *Lancet*, in which after general acute peritonitis, there was effusion of matter into the abdomen, which escaped through a spontaneous opening in the abdominal parietes, and the patient recovered.

The operation I propose, is an incision carefully made, extending for an inch and a half or two inches from the anterior superior spine of the ilium inwards, above, and as close as possible to Poupart's ligament, so that the effusion may drain away. The trochar should on no

account be employed. In these cases the fluid destroys by its character rather than quantity, which is never sufficient to cause a space between the intestines and abdominal parietes; and therefore, setting aside the existence of adhesions between the intestines and parietal peritoneum, the introduction of such an instrume t could scarcely be effected without injury to the intestines; but by dissecting carefully down, the surgeon may open the abdomen with comparative safety to the patient.

In conclusion I would observe, that the remarks which I have here made are intended to apply to the unhealthy effusions which succeed attacks of acute peritonitis, whether puerperal or otherwise, and not to what is usually denominated ascites. I would not by any means urge the operation except in extreme cases. Whilst there appears any reasonable chance of cure by the ordinary methods they should as a matter of course be persevered with, but when, in spite of every endeavour, the patient continues to sink, when the pulse becomes excessively rapid, small and irregular, when the vital powers are suddenly prostrated, I think, after the case which I have submitted to your consideration this evening, we should no longer be justified in leaving the patient to his fate; but, by performing the operation, we should endeavour to rescue him from certain death.

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From the Author